PART B - FEE(S) TRANSMITTAL

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

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APPLICATION N	IO. FILIN	G DATE FIRST NAMED IN		TENTOR ATTORNEY I		OOCKET NO.	CONFIRMATION NO.	
10/573,790 10/1		8/2006	06 Naohiro KAMI		Q94147		7998	
TITLE OF INVENTIO	N: CHEMICAL ST	RENGTHENING TRE	ATMENT METH	OD OF MAGN	ETIC DISK GLASS	SUBSTRATE		
APPLN. TYPE	SMALL	ISSUE FEE	PUBLICATI	ON PREV.	PAID ISSUE FEE	TOTAL FEE	(S) DATE DUE	
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EXAMINER			ART UNI	ART UNIT CLASS-S				
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 ☐ Change of correspondence address (or Change of Correspondence Address form				2. For printing on the patent front page list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, 2 Sughrue Mion, PLLC				
PTO/SB/122) attached.								
					(2) the name of a single firm (having as a			
03-02 or more recent)	member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be spirited							
3. ASSIGNEE NAME	AND RESIDENCE	DATA TO BE PRINTE	L ED ON THE PAT	<u>printed.</u> ENT (print or ty	rpe)			
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIG	NEE (B) RESI	DENCE: (CITY and ST	ATE OR COUNT	RY)				
HOYA CORPORATIO	ON	Tokyo, Japan						
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				4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) □ A check is enclosed.				
				☐ Payment by credit card. Form 1310-2038 is attached.				
* * *				☐ Tayment by credit card. Form 1510-2558 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any				
□ Mavance Order - # €		overpayment, to Deposit Account Number 19-4880.						
				☑ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.				
F. Change in Fig. 22	+ (Co 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4-1-1\	<u>19-4880</u> . P	lease also credi	t any overpayments	to said Deposit Ac	ecount.	
5. Change in Entity Sta□ a. Applicant claims			□ la A1;		. alaimin a CMATT I	ENTETY status C	27 CED 1 27(~)(2)	
**			* *		•		ee 37 CFR 1.27(g)(2). e application identified above	
	=						agent; or the assignee or other	
party in interest as show	wn by the records of	the United States Paten	t and Trademark (Office.	ane approant, a regi	stered attorney of	agent, or the assignee of other	
Authorized Signature	orized Signature /Alan J. Kasper/			Date		February	February 25, 2010	
Typed or Printed Name	pped or Printed Name Alan J. Kasper			Registration No. 25,426				